



REFERENCE FOR STATE SERVICE VOLUNTEER

TO: _____

Date: _____

Your name has been given as a reference by: _____

This individual is applying to provide volunteer services and programs for the Department of Corrections, which supervises adult offenders convicted of felony.

Volunteers are expected to:

Be treated as unpaid staff; follow policy, rules, procedures and instructions of the facilities, units, and staff supervisors; conduct themselves in a professional and objective manner, and cooperate at all times during the performance of their duties; demonstrate law abiding behavior and be appropriate role models to offenders.

Your responses to the questions below are essential to the interview and selection process for this prospective volunteer. Please return the completed form in the envelope provided. Any response that you offer will be treated as confidential. Thank you for your cooperation.

Sincerely yours,

APPLICANT PROFILE

Are you aware of any criminal activity perpetrated by the volunteer in Washington or any other state? ☐ Yes ☐ No

If yes, please explain: _____

1. Do you feel that _____ possesses the ability to be a Department of Corrections volunteer? ☐ Yes ☐ No

Applicants name

Please explain: _____

2. Are you aware of any reasons why this applicant's participation as a volunteer in this program should be totally restricted or limited to any degree? ☐ Yes ☐ No

If yes, please explain: _____

3. Please check a box next to your impression of the applicant's abilities in the following:

JUDGMENT	COOPERATION	DIRECTIONS
<input type="checkbox"/> Excellent judgment	<input type="checkbox"/> Cooperates fully	<input type="checkbox"/> Always follows directions
<input type="checkbox"/> Makes good decisions	<input type="checkbox"/> Interacts well with others	<input type="checkbox"/> Most always follows directions, asks clarifying questions
<input type="checkbox"/> Displays average judgment	<input type="checkbox"/> Usually easy to get along with	<input type="checkbox"/> Sometimes follows directions, sometimes asks clarifying questions
<input type="checkbox"/> Occasionally uses poor judgment	<input type="checkbox"/> Has difficulty interacting with others	<input type="checkbox"/> Seldom follows directions or asks clarifying questions
<input type="checkbox"/> Poor judgment	<input type="checkbox"/> Has authority issues	<input type="checkbox"/> Never follows directions

Comments: _____

Title (If any)

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.